

OFFICIAL

RECEIVED
5-1-01Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/611,355
Filing Date	07-06-2000
First Named Inventor	Bayne
Group Art Unit	2761
Examiner Name	Unknown
Attorney Docket Number	CDOC-002

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client had advised me that it is entering bankruptcy and cannot afford any further legal services.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

C. Grehsam Bayne

Address

CALL DOCTOR COMPANY

Address

5030 Camino de la Siesta #100

City

San Diego

State

CA

ZIP

92108

Country

USA

Telephone

(619) 260-6300

Fax

(619) 260-6311

This request is enclosed in triplicate.

Name

Dan Hubert

Signature

Dan Hubert

Date

5/1/2001

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

DAN HUBERT & ASSOC.

3111 CAMINO DEL RIO NORTH, 4TH FLOOR
SAN DIEGO, CA 92108 U.S.A.
TELEPHONE 858.274.9456
FAX 858.274.9466
DANNO@CTS.COM

Fax Cover Sheet

Fax Number Transmitted to: (703) 308-1396

To: Group Director (Art Unit 2761)

File: 09/611,355

Atty Docket: CDOC-002

Date: 05/01/01

DOCUMENTS	NUMBER OF PAGES*
PETITION TO WITHDRAW	1
PTO/SB/21	1

* not counting cover sheet. If you do not receive all pages, please telephone us immediately at 858-274-9456.

COMMENTS:

The information contained in this fax message may be protected by attorney-client and/or attorney work product privilege. It is intended only for the use of the person(s) named above, and these privileges are not waived by virtue of this having been sent by fax. If the person actually receiving this fax or any other reader of this fax is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the contents of this transmission is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and return the original fax to us at the above address via U.S. Postal Service.

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB D651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/611,355	
	Filing Date	07-06-2000	
	First Named Inventor	Bayne	
	Group Art Unit	2761	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	2	Attorney Docket Number	CDOC-002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/ Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal (1 page)
Remarks: I hereby certify that the papers listed hereon are being transmitted by facsimile to the U.S. Patent & Trademark Office in accordance with 37 CFR 1-6d on the date indicated below. <div style="display: flex; justify-content: space-between;"> <u>5-1-01</u> Date <u>D. Hubert</u> Signature </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Dan Hubert
Signature	<u>Dan Hubert</u>
Date	<u>5-1-2001</u>

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____	
Typed or printed name	_____
Signature	_____
Date	_____

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time may vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231